

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33003  
8587

State File No. ....  
Registrar's No. ....

FILED OCT 1 1952

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BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		State File No. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5052 Cates- Residence</u>				d. STREET ADDRESS (If rural, give location) <u>4818 Labadie</u>							
3. NAME OF DECEASED (Type or Print) <u>Andrew</u>			a. (First)			b. (Middle)			c. (Last) <u>Handy</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 10 - 52</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 5 1875</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months Days Hours <u>4 3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Arro Handy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Georgie Coleman 5052 Coleman</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>											
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>4222</u>					
22. I hereby certify that I attended the deceased from <u>1-10-</u> , 19 <u>52</u> , to <u>9-10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-3-</u> , 19 <u>52</u> , and that death occurred at <u>44</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Clyde B. Kane M.D.</u>				23b. ADDRESS <u>706 Walton</u>				23c. DATE SIGNED <u>9-12-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>			
DATE REC'D BY LOCAL <u>SEP 13 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1221 N. Grand</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.